

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

10602

63-042068

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District

Registrar's No.

FILED OCT 31 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

3 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Jewish Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1730 Mississippi

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Velma Gladys Hollis Spears

4. DATE OF DEATH

Month Day Year

Oct. 23, 1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐ Divorced ☐

Married

8. DATE OF BIRTH

Jan. 18-1911 52

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dept. Mgr. Katz Electrical

10b. KIND OF BUSINESS OR INDUSTRY

Dept. Drug Store

11. BIRTHPLACE (City and state or country)

Waterloo Alabama

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Thomas Mansell

13b. MOTHER'S MAIDEN NAME

Isabelle Parker

14. NAME OF HUSBAND OR WIFE

William Paul

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv.)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Velma Pauline Knuckles 1630 5th ST

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

adenocarcinoma of Breast, metastatic

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

170x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9/2/63

to 10/23/63

and last saw him alive on 10/23/63

Death occurred at

8:20 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Oliver S. Wemmer, M.D.

(Degree or title)

22b. ADDRESS

8112 Delmar

22c. DATE SIGNED

10/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Rem. to Madison, Illinois

23b. DATE

10/24/63

23c. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

23d. LOCATION (City, town, or county)

Granite City Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Madison, Illinois

25. DATE RECD. BY LOCAL REG.

OCT 25 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. Daley

Licensed Embalmer No. 2792

P. O. Address

Melissa E. E.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.